# Tennessee Title V
# Maternal and Child Health Block Grant

# 2015 Report/2017 Application
# Executive Summary


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## BACKGROUND

### What is Title V?

Title V refers to the Social Security Act of 1935. This section of the legislation establishes the federal Title V Maternal and Child Health (MCH) program. In Tennessee, Title V funds are managed by the Tennessee Department of Health's Division of Family Health and Wellness.

Since 1981, Title V funding has been provided in the form of a "block grant." As opposed to categorical grants, which have very focused, prescriptive guidelines for spending, block grant funding comes with general guidance for how funds should be spent. The Title V legislation defines three populations as being the focus for Title V-funded activities: 1) pregnant women, mothers, and infants up to age one; 2) children; and 3) children with special health care needs. Additionally, these parameters guide state spending of federal MCH Block Grant funds:

- At least 30% must be spent on primary and preventive care for children
- At least 30% must be spent on children and youth with special health care needs
- No more than 10% can be spent on administration

Accountability measures, including numerous performance and outcome measures, were added to the MCH Block Grant in 1989. Each year, the Tennessee Department of Health prepares the MCH Block Grant Report/Application, which contains a report of prior year activities and a plan for activities in the coming year. This plan is reviewed and approved by the Maternal and Child Health Bureau within the Health Resources and Services Administration (part of the Department of Health and Human Services).

For every $4 that Tennessee receives from the federal government, the state must match at least $3 (and must contribute at least as much as the state spent on maternal and child health programs in 1989). In the most recent year, the federal MCH Block Grant funding was $11.7 million.

**How are Title V funds used in Tennessee?**

Title V funding is used in numerous ways to support the MCH population in Tennessee, as outlined in the table below.

| Service Type | Examples |
|---|---|
| Direct Services | • Medical payments for CYSHCN (pharmacy, inpatient/outpatient, supplies, etc)<br>• Screening and diagnostic services for women (mammograms, diagnostic biopsies)<br>• Lab tests in local health departments (blood lead, family planning) |
| Enabling Services | • Care coordination for: at-risk families and children with special health care needs (provided by local health department staff), women with breast or cervical cancer<br>• Case management by local/regional health department staff for children with elevated blood lead levels<br>• Salaries for local health department staff (nurses, advanced practice nurses, physicians) involved in provision of immunizations, well-child checkups, family planning services, breast and cervical cancer screening services<br>• Clinic supplies for local health departments (for women's health, oral health and child health services)<br>• Tertiary follow-up for newborn screening program through contracts with various medical centers<br>• Contracts with medical specialty camps for CYSHCN (Diabetes Camp, Asthma Camp, Sickle Cell Camp)<br>• Contracts with community agencies for evidence-based home visiting<br>• Contract with a community non-profit for wrap-around and recovery support services for mothers of infants with neonatal abstinence syndrome (NAS) |
| Public Health Services and Systems | • Salaries for administrative staff in Central Office (contracts, invoices)<br>• Salaries for program staff in Central Office (involved in the development of standards and guidelines, needs assessment, program planning, implementation, evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns)<br>• Central Office supplies and equipment<br>• Travel funding for Advisory Committee members (Children's Special Services, Genetics, and Perinatal Advisory Committees)<br>• Training (internal staff training for MCH-related programs, external stakeholder training such as training for death scene investigators involved in child fatality review)<br>• Promotional materials (safe sleep, newborn screening, etc)<br>• Contract for Tennessee Breastfeeding Hotline (partial funding)<br>• Contract for Tennessee Poison Control Center (partial funding)<br>• Contract for statewide blood lead database (partial funding) |

**NEEDS ASSESSMENT**

States are required to conduct a comprehensive needs assessment every five years to identify priority needs of the maternal and child health (MCH) population and to determine the capacity of the public health system to meet those needs. During the years between the comprehensive needs assessments states are expected to conduct on-going needs assessments in order identify any significant changes in needs and capacity.

The Tennessee Department of Health (TDH) conducted the Needs Assessment for the 2016-2020 cycle during 2014/15 in conjunction with over 70 MCH stakeholders. Key components of the Needs Assessment included:

- Broad community input through 26 focus groups and 5 community meetings across Tennessee. The groups consisted of key MCH populations, including: health department consumers, under-represented minorities, families with young children, families of children and youth with special health care needs, and healthcare providers.
- Quantitative analysis of more than 160 key indicators of the MCH population.
- Synthesis of input and priority-setting by MCH stakeholder group.

As a result of the Needs Assessment, TDH identified priority needs for the MCH population for the 2016-2020 Block Grant cycle. These priorities include:

- Improve utilization of preventive care for women of childbearing age.
- Reduce infant mortality.
- Increase the number of infants and children receiving a developmental screen.
- Reduce the number of children and adolescents who are overweight/obese.
- Reduce the burden of injury among children and adolescents.
- Reduce the number of children exposed to adverse childhood experiences.
- Increase the number of children (both with and without special health care needs) who have a medical home.
- Reduce exposure to tobacco among the MCH population (pregnancy smoking and secondhand smoke exposure for children).

During the Needs Assessment, stakeholders identified several "emerging issues" among MCH population groups. Title V is already working on these issues and as they evolve, will continue to identify ways to address them.

- Substance abuse among women of childbearing age: Tennessee has high rates of opioid prescribing, misuse and abuse as well as drug-related overdose. Opioid misuse and abuse among women of childbearing age has led to an epidemic of Neonatal Abstinence Syndrome (NAS). TDH is working to identify and implement primary prevention strategies related to NAS, namely to 1) prevent opioid misuse/abuse from ever occurring, and 2) prevent unintended pregnancies among women who are at high risk of opioid misuse/abuse.
- Electronic nicotine delivery systems: The use of electronic nicotine delivery systems (including e-cigarettes) among youth is on the rise. There are serious concerns

about youth e-cigarette use related to long-term tobacco use, as well as unintentional nicotine poisoning among young children.

- Autism spectrum disorders: With the rising incidence of autism spectrum disorders, there is growing recognition of the need for early screening as well as more rapid diagnosis and connection to treatment. Additionally, public health and health care systems need to identify ways to improve the system of care for children with autism and their families.

As an ongoing needs assessment the state hosts stakeholder meetings twice a year. These meetings are open to anyone who is connected to the MCH population. During these meetings participants are asked to develop the action plan for the coming year by considering program and population level data.

Another part of the state's effort to continually assess needs is the annual public comment survey that is sent out with a copy of the grant application/report annually. This survey collects information on emerging health concerns, unmet health needs, health care system capacity, and general recommendations they have for the grant.

**KEY ACCOMPLISHMENTS AND PLANS FOR COMING YEAR**

The MCH population is broken down into subpopulation categories called health domains. There are six domains:

- Women's and Maternal Health
- Perinatal and Infant Health
- Child Health
- Adolescent Health
- Children with Special Health Care Needs
- Cross-cutting and Life Course

Each section below (organized by domain) highlights selected accomplishments for the previous year and contains a brief description of high-level strategies for the new grant cycle (2016-2020). Other accomplishments and additional details about specific planned activities can be found in the MCH Block Grant Report/Application.

Women's/Maternal Health

In 2014, 70.4% of women entered prenatal care in the first trimester, up slightly from 69.6% in 2009. TDH has worked to facilitate referral of pregnant women to prenatal care through case management and home visiting programs as well as through presumptive Medicaid eligibility determination in local health departments. The percentage of women smoking during pregnancy declined to 16.1% in 2013, down from 18.6% in 2009. In 2013, the General Assembly appropriated $5 million annually to TDH (tobacco master settlement funding) to reduce the burden of tobacco-related morbidity and mortality in Tennessee. This funding is being used in all 95 counties and one of the focus areas is to reduce smoking among pregnant women. Despite these successes, challenges for this domain include: high rates of unintended pregnancy (47.5% in 2011), high percentage of obesity among women of childbearing age (30.2% in 2012), and high rates of maternal mortality (31.2 per 1,000 live births in 2012).

For FY 2016-20, the major priority for this domain is to increase preventive care for women of childbearing age. A focus on this priority will help to address the aforementioned challenges, improve the overall health of this population, and lead to improved birth outcomes. Tennessee's Title V Program will utilize these strategies to address this priority:

- Increase general awareness of the importance of preventive health care visits for women of childbearing age.
- Engage primary care providers on the importance of promoting preventive health care for women of childbearing age.
- Continue to provide high-quality family planning services through local health departments in all 95 counties.
- Provide pregnancy-related services to women of childbearing age.

Perinatal/Infant Health

Tennessee's infant mortality rate dropped by 15% from 2009 (8.0 per 1,000 live births) to 2014 (6.9). Most notably the number of sleep-related deaths decreased by almost 25% from 2012-2014. The percentage of early elective deliveries and inductions among Tennessee births has dropped from more than 15% in 2012 to consistently below 2% in 2015. Nearly all (>99%) of Tennessee infants receive a newborn screen. The percentage of infants who are ever breastfed has increased to 74.9%, and in 2013, Tennessee utilized Title V funding to launch a statewide breastfeeding hotline offering 24/7 telephone support by lactation specialists. Despite these successes, challenges persist for this domain. These include: marked black/white disparities in infant mortality rates; and high rates of babies being born prematurely and at low birth weight.

In FY 2016-20, the major priority for this domain is to reduce infant mortality. This priority is a continuation from the previous five-year cycle, as Tennessee's infant mortality rate still exceeds the national average. Title V will utilize these strategies to address this priority:

- Educate parents and caregivers on safe sleep.
- Review infant deaths through multidisciplinary teams to enhance data collection.
- Support quality improvement and regionalization efforts to improve perinatal outcomes.
- Provide follow-up for abnormal newborn screening results.
- Reduce unintended pregnancies.

Child Health

The percentage of Tennessee children without health insurance decreased to 1.5% in 2015 (down from 3.9% in 2010). Tennessee has a >90% completion rate on four (Polio, MMR, HepB, and Varicella) of seven key childhood vaccines. BMI data measured by school staff reveal that rates of overweight and obesity have decreased among K-12 students from 41% in the 2007-08 school year to 38.3% in 2013-14. Despite these successes, several key challenges remain, including: high rates of obesity among toddlers; high prevalence of adverse childhood experiences (ACEs) among Tennessee children (52% of children experience at least one ACE); and low rates of developmental screening.

Stakeholders identified four priority needs for this domain. For the 2016-20 cycle, Tennessee will focus on these four priority areas: 1) increase the number of infants and children receiving a developmental screen; 2) reduce the number of children who are overweight/obese; 3) reduce the burden of injury among children; and 4) reduce the number of children exposed to adverse childhood experiences Title V will utilize these strategies to address these priorities:

- Increase general awareness among parents and caregivers of the need for developmental screening.
- Support providers to integrate developmental screening as a part of routine care.
- Explore opportunities for incorporating developmental screening into settings outside of primary care.

- Increase general awareness of adverse childhood experiences (ACEs) in the community.
- Collect Tennessee-specific data on ACEs and utilize that data to inform program and policy decisions.
- Continue the Gold Sneaker voluntary recognition program for licensed child care centers.
- Operate the Tennessee Breastfeeding Hotline.
- Support the Office of Coordinated School Health in school-based efforts to promote physical activity and good nutrition.
- Promote the use of child safety seats.
- Promote safety in youth sports.
- Promote safe storage of medications.
- Provide injury prevention education to parents and caregivers.

Adolescent Health

The rate of teen births decreased 30% from 2010 to 2014. The percentage of adolescents receiving a preventive visit increased from 81.1% in 2007 to 85.9% in 2012. Similarly, adolescent vaccination rates increased from 2010 to 2013 (male and female HPV, Tdap, and meningococcal vaccines). Despite these successes, numerous opportunities for improvement exist in this domain. Tennessee has an increasing rate of youth suicide and the rate of deaths from motor vehicle crashes remains high. Additionally, more than a third of adolescents are overweight/obese, making them more likely to be overweight/obese as adults.

For the 2016-20 cycle, Tennessee will focus on these two priority areas related to improving adolescent health: 1) reduce the number of adolescents who are overweight/obese and 2) reduce the burden of injury among adolescents. Title V will utilize these strategies to address these priorities:

- Support the Office of Coordinated School Health in school-based efforts to promote physical activity and good nutrition.
- Collaborate with Chronic Disease Prevention and Health Promotion staff to engage communities in enhancing physical activity opportunities for youth.
- Increase evidence based or evidence informed activities related to motor vehicle safety being implemented in schools.
- Increase awareness of proper storage and disposal of medications.
- Increase general awareness of the causes of adolescent hospitalizations due to falls.
- Increase awareness of the signs and risk factors of suicide attempts.

Children and Youth with Special Healthcare Needs (CYSHCN)

Over the past five years, Tennessee has improved on four of the six national core measures related to children and youth with special health care needs and exceeds the national average on all measures. These include: families partner in shared decision-making (72.3%); CYSHCN have a medical home (45.9%); families of CYSHCN have adequate

insurance (70.4%); CYSHCN receive early and continuous screening (79.1%); families of CYSHCN can easily access community-based services (71.5%); CYSHCN receive support for transitions to adult health care, work, and independence (41.8%). Despite Tennessee's relatively high performance on these outcome measures, there is substantial room for improvement on each measure.

In FY2016-20, the priority for this domain is to increase the number of children (both with and without special health care needs) who have a medical home. Title V will utilize these strategies to address these priorities:

- Support primary care providers in implementing a medical home approach to care.
- Increase general awareness of the importance of a medical home approach to care.
- Link families to medical homes through Children's Special Services, Tennessee's Title V CYSHCN program.
- Support youth participation in the transition process.

Cross-Cutting/Life Course Issues

Tobacco exacts a major toll on the health of Tennessee's MCH population across the life course. Nearly one quarter (24.3%) of the adult population smokes, and 16.1% of women smoke during pregnancy. While pregnancy smoking has declined over the past few years, little progress has been made in the overall smoking rate among Tennesseans. High rates of smoking contribute to poor women's health and poor birth outcomes while secondhand smoke exposure leads to morbidity among Tennessee's children.

In FY2016-20, the priority for this domain is to reduce exposure to tobacco among the MCH population (pregnancy smoking and secondhand smoke exposure for children). Title V will utilize these strategies to address these priorities:

- Continue the Gold Sneaker voluntary recognition program for licensed child care centers (one of the policy areas is promotion of tobacco-free child care campuses).
- Collaborate with Tobacco Prevention and Control staff to promote the Tennessee Tobacco QuitLine.
- Refer participants in Title V programs to smoking cessation services where appropriate.

**PLAN FOR MEASURING PROGRESS**

MCH stakeholders identified one national performance measure (NPM) or created a state performance measure (SPM) for each priority. Evidence-based or -informed strategy measures were also developed for each priority. The measures are listed below. Tennessee's Title V program will report on these measures each year.

| Health Domain | Tennessee Priority | Related National or State Performance Measure |
|---|---|---|
| Women's and Maternal | Improve utilization of preventive care for women | Percent of women with a past year preventive medical visit. |
| Perinatal and Infant | Reduce infant mortality | Percent of infants placed to sleep on their backs. |
| Child | Increase developmental screening | Percent of children, ages 10 through 71 month, receiving a developmental screening using a parent-completed screening tool. |
| Child | Reduce adverse childhood experiences | Reduce the percentage of children ages 0-17 experiencing two or more adverse childhood experiences. |
| Child and Adolescent | Reduce overweight/obesity | Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day. |
| Child and Adolescent | Reduce injuries | Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19. |
| CSHCN | Increase utilization of medical homes | Percent of children with and without special health care needs having a medical home.<br><br>Percent of adolescents with and without speci al health care needs who received services ne cessary to make transitions to adult health care. |
| Cross-cutting/Life Course | Reduce tobacco use | Percent of women who smoke during pregnancy.<br><br>Percent of children who live in households where someone smokes. |

## FOR MORE INFORMATION

**Would you like to read the current draft of the FY2015/FY2017 MCH Block Grant Report/Application?**

- Visit: http://www.tn.gov/health/topic/MCH-blockgrant

**Would you like to share comments on the MCH Block Grant draft or MCH Block Grant programs/activities?**

- Visit https://www.surveymonkey.com/r/MCHBlockGrant2016 and share your comments by July 4, 2016.

**Do you have other questions or would you like to contact a member of Tennessee's Title V Leadership Team?**

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